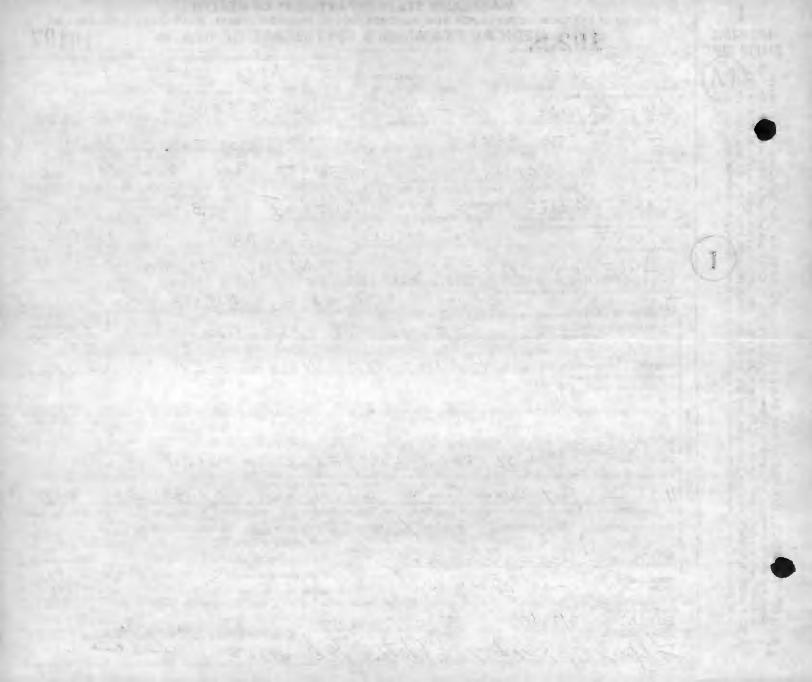
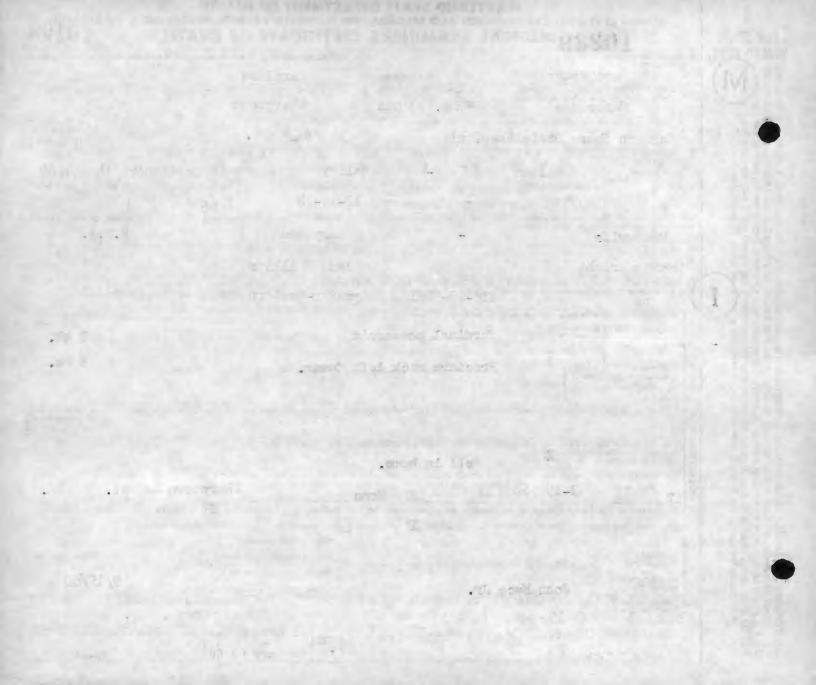
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTII DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Page **b.** COUNTY frector, ros DERCHESTER MARYLAND b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest town) 0 MO. LKTON MBRIDGE D d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained State or death. If any dr., and 3 to the fun YES NO X Elkton 3. NAME OF Middle DATE Month Day DECEASED OF the (Type or print) DEATH 6-1 19 hours after with COLOR OR RACE 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 with last birthday) Months Days Hours should be executed within 24 hours after de g" in pencil in Item 18. Give Pages 1, 2, and 5. Office along with form PM3. Page 5 ma a burial-transit permit. File pages 1 and 2 w emoval, and in any evegral within \$2 hours WIDOWED T DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UP NAD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yas, no, or unkown) (Ifyasgivawarordatesofservica) CAMBRIDG 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEIN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) ER: This certificate should be gifte word "pending" in per f Medical Examiner's Office DUE TO removal, NECK FEAUR Conditions, if eny, which gave rise to immediate cause 0 DUE TO BS (a), stelling the underlying 20 pesn eq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO pinou 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item IB.) the certificate, writing the Page 5 ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Day, Yeer 2Dd. INJURY OCCURRED & 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While 7-19 6 (at work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection and in my opinion Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) D40 ò 4 Burial Elkton Cemeterv Elkton. 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilling S. Kines 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Wicomico Dorchester Marvland MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva naarest town) mo. 23 das Sharptown Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4th St. Eastern Shore State Hospital YES NO X 3. NAME OF Middla Last 4. DATE Year DECEASED Wright Malona Bailev (Typa or print) DEATH 1960 September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months White 12-19-74 Hours WIDOWED IX DIVORCED 10a. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) thin 24 hours after Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratired) U.S.A. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wright Jane Phillips along with form transit permit. File S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Yes, no, or unkown) (Ifyasgive war or datas of servica) Records-Eastern Shore State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Terminal pneumonia IMMEDIATE CAUSE (a) 1 wk. Office **DUE TO** buriel. 5 Mo. Fracture neck left femur-Conditions, if any, which (6) gave rise to immediate cause DUE TO la), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY CERTIFICATION PERFORMED L cremat NO pluods 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury In Part II or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: Fell in home. age 3 MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. 3-15 ... 60 Sharptown Wi. Md. at work at work Home certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion 5 0 EDICAL death resulted from: Natural causes Accident X Suicide Hemicide Undetermined manner forwarded DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 9/15/60 DEPUT NAME (Typa) John Mace Jr. Address (Street, city, lown, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, (State) REMOVAL (Spacify) Sharptown, Md. Taylors Q40 23. FUNERAL DIRECTOR ADDRESS 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 SEP 2 3 '60 Cirlbur & Krauk

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

10220

PLACE OF DEATH

e funeral director,

after death. Page

.= TO HOSPITAL STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 th may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VR A15 (4) 15M 9/59

Bo:	rchester, Co	-	MARYLAN	ID G. SIA	Marvlan	A		Dorchest	on Co
b. CITY OR TOV	VN (If outside carparate li ive nearest tawn)	mits, write	LENGTH OF STAY IN			outside corporate li	mits, write RU	RAL and give ne	rest town)
d. NAME OF HO OR INSTITUTE	OSPITAL (If not in haspital,	, give street ad	dress)	d. STR	REET ADDRESS	e, Md.			e. IS RESIDEN ON A FAR
Glenburn	Mursing Hom	e		/	None	ă.			YES NO
NAME OF DECEASED (Type or print)		First	Middle		Last	4. DATE OF DEATH	Manth	Do	
S. SEX	6. COLOR OR RAC	velyn	Proctor		F RIPTH		GE (In years	FUNDER I YEAR	IF UNDER 24
Female	White	WIDOWED	_				birthday) yrs.	Manths Days	Hours A
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House K			use Keeper		Marylan	d		TT	3 0
3. FATHER'S NAM	E		inse weehet.	14. MOT	HER'S MAIDEN				
Marci	llers Procto	79		E	Bessie P	roctor			
S. WAS DECEASED	DEVER IN U. S. ARMED FO	ORCES? 16. SC	CIAL SECURITY NO. 1	7. INFORMANT			Addre	\$\$	
(Yes, no, or unknown)	(If yes, give wor or dates o	of service)							
No	No	Nic		Mr. Vic	ctor J.	Black A	revs	Md.	
18. CAUSE OF	F DEATH [Enter anly one	cause per line	for (a), (b), and (c).	- 1	t .	М.			ERVAL BETWE
PARTI	DEATH WAS CAUSED BY		1. + 0	-0-1	A	· Ma	11 .	A ON	SET AND DEA
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110.					-		PHIL	11.0	A-01-00
1 1 1 1 2									
Confere and I	DUE 1	0			1.	1.			
706	1,0	A	-to-	20/2	ratio	400	+ 1		2.
	if any, which)	(b) A	rteria	scle	rotic	Hea	1 1	Strange	24
gave rise	if any, which)	(b)	rterie	scle	rotic	Hea	1 1) i seast	24
gave rise to	if any, which to immediate thing the under-	(b)	rter; .	sclei	rotic	Hea	1 1) is east	24
gave rise to cause (a), sto	if any, which to immediate thing the under-	(b)	rteria	sclei	rotic	Hea	1 15	20211	24
gave rise to cause (a), sto	if any, which to immediate thing the under-	(b) (c)	rter; &			Hea	NDITION GIVE	N IN PART T(a)	9. WAS AUTO
gave rise to cause (a), sto	if any, which to immediate sting the under-	(b) (c)	rter; &			Hea	NDITION GIVE	N IN PART T(a)	PERFORME
gave rise cause (a), sto lying cause	if any, which to immediate tring the <u>under-last.</u> OTHER SIGNIFICANT CO	(c)ONDITIONS CO		BUT NOT RELAT	TED TO THE TERM			N IN PART I(d)	9. WAS AUTO PERFORME YES NO
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1020 **CERTIFICATE OF DEATH** 10240 Reg. Dist. No. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND uneral B. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAYAN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest famp) Pe RURAL and give pearest town) pinous d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO 1 NAME OF Midele 4. DATE Lost Month Yeor DECEASED OF DEATH (Type or print 19 5. SE) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTA 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED A DIVORCED | papers. 100. USUAL DECEPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12-CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) accentor pou ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). EREBRAL ARTERIOSCLEROSIS ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CERT OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while at work at work SEPT 1960 that I last saw the deceased 21. I certify that I attended the deceased from 2.5 APRIL, 19 , and that death occurred at 8:3 M, from the causes and on the date stated above. ACTUAL SIGNATURE pe shauld PHYSICIAN'S NAME (Type) FUNER 220/BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d SLOCATION (City, town, or downty) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240_ REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE OCT 5 Cirthur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

275EPT 60 W. E. GUNBYIR. Combile Ind.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10201Rea, Dist. No. Dorchester . IS RESIDENCE YES NO R Day Year 1960 IF UNDER TYEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA

> INTERVAL SETWEEN ONSET AND DEATH

> > PERFORMED?

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(Stole)

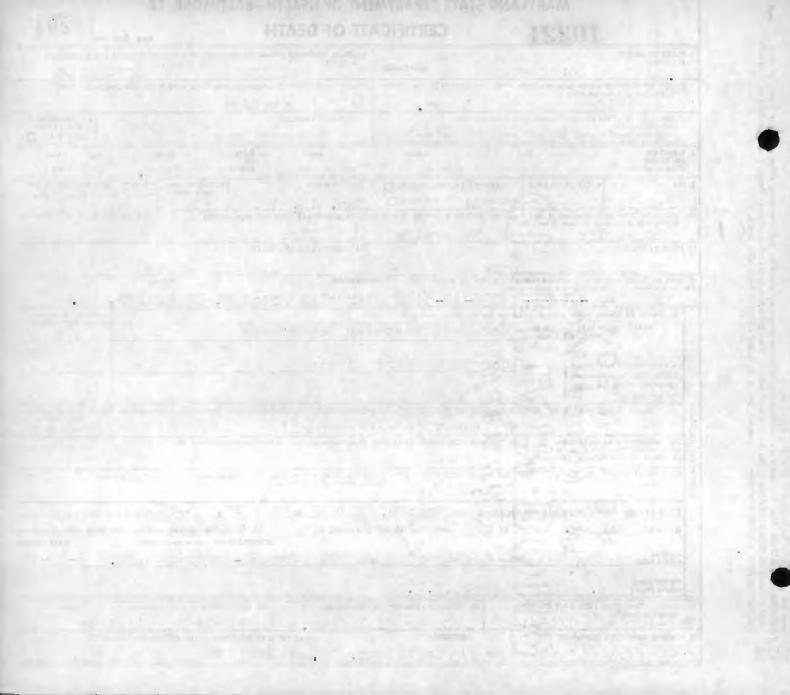
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Address Cambridge. Md.

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, and that death occurred at _____M, from the causes and on the date stated above, ADDRESS (Street, city or town, state)



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FOR STATE HEALTH DEPT.	Reg. Dist. No.
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die die	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port for Part II of item 18) FRIMARY D = CONTRIBUTING
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Pog Pri	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my
Sed Sed	opinion death resulted from: Notural causes Accident [], Suicide [], Hamicide [], Undetermined manner []
G og	ACTUAL DATE SIGNED
Triii Dirw	SIGNATURE J. M.D. CHIEF MEDICAL EXAMINER []
A AL Sign	EXAMINER'S ASSISTANT MEDICAL EXAMINER 5
oute oute	NAME (Type) JCHC //ACE JR DEPUTY MEDICAL EXAMINER DEPUTY DEPU
DEPU Shoul FUNE or its o	220. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 122d LOCATION (City, town, or county)
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YS. A15ME 5M 2/57	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS A PUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS A PUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS A PUNERAL DIRECTOR'S SIGNATURE ADDRESS OF A PUNERAL DIRECTOR'S SIGN
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 22 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTHOUGH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, if institution: Residen e. COUNTY **b.** COUNTY Dorchester Naryland MARYLAND Dorchester b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 director. Your write RURAL and give nearest fown] 9 Cambridge Cambridge D O A Board d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE 208 Locust Street ON A FARM? High Street retained he State YES NO M death death. If any 3. NAME OF 4. DATE a bbiM Month DECEASED OF the (Type or print) Frederick DEATH Christopher affer Henry Sept. may be 2 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (n years IF UNDER I YEAR IF UNDER 24 HRS last birthday) | Months Male 1881 W DOWED T DIVORCED [23, Sept. 1Da USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BRTHPLACE (Stelle or fore an country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) tecuted within 24 hours a in Item 18. Give Pages 1, Farm Machanic Mechanic laryland US P.W.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Christopher e along with form P d-transit permit. File I , and in any event Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) { (If yes give wer or detes of service) No Mrs Jean Stettbacher Cambridge Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (a) Office DUE TO burial removal Conditions, it eny, which gave rise to immediate cause DUE TO (a), sleting the underlying **Examiner** 80 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cal NO X pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part | or Part || of item 18.) 200 EXTERNAL CAUSE WAS should be towarded to the Chief Med FUNERAL DIRECTOR: Page 3 chan PRIMARY | or CONTRIBUTING | the Chic | 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) factory, street, office bldg., etc.) Not While Wh le Hour em. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion death resulted from. Natural causes Suicide Homicide Undetermined menner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER A EXAMINER'S John Mace Jr. NAME (Typa), Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 능 40 1960 East NeceMarket Cem 23. FUNERAL DIRECTOR VS. A15ME Le Compte Funeral Service Cambridge Maryland 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Dorchester, Co.
b. CITY OR TOWN (if outside corporate I mits, MARYLAND Maryland Dorchester, Co. CITY OR TOWN (If outside corporate I'm'ts, write RURAL and g vs magrast fown) Maryland E. LENGTH OF STAY IN 16 write RURAL and give nearest town) East New Market, R.F.D. 3 Years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) East New Market. Maryland. a. IS RESIDENCE ON A FARM? YES NO T None None 3 NAME OF Midda 4. DATE DECEASED OF (Typa or print) DEATH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. James Cooney 6. COLOR OR RACE' 7. MARRIED TY NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | Days | Hours WIDOWED should be executed within 24 hours after g" in pencil in Item 18. Give Pages 1, 2, 4 s Office along with form PM3. Page 5 a burial-transit permit. File pages 1 and emoval, and in any event within 72 ho 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) Army
13. FATHER'S NAME Washington, D.C.

14. MOTHER'S MAIDEN NAME ATTITU .U.S.A. Leo. J. Cooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Anna May (Yas, no, or unkown) ((If yasgiva warordalas of servica) Yes 6/18/12 12/17/56 176-32-11/Cl. Mrs. James v. Cooney, East New Market No. Cause of Death (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion Instant-**DUE TO** gave rise to immediate cause **DUE TO** (a), stating the undarlying 10 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 9, 19, WAS AUTOPSY PERFORMED? ledical rould by 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18) O DEPUT TEDICAL EXAMINER: In please execute the certificate, writing the v 4 should be forwarded to the Chief Medi O FUNEAL DIRECTOR: Page 3 should be cont. prior to burial, c PRIMARY [] or CONTRIBUTING [] 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f., (City or town) (County) (Stata) factory, straat, office bldg., atc.) Not While Hour a.m. Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 72. Inquiry and in my opinion death resulted from Natural causes X. Accident Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X John Hace Jr. L.D. NAME (Type Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 40 Cempt coo by the strate 218 " Egister s signature Burial 23. FUNERAL DIRECTOR Le Compte Funeral Service, Cambridge, Md. arthur S. Kraus 5M 7/59

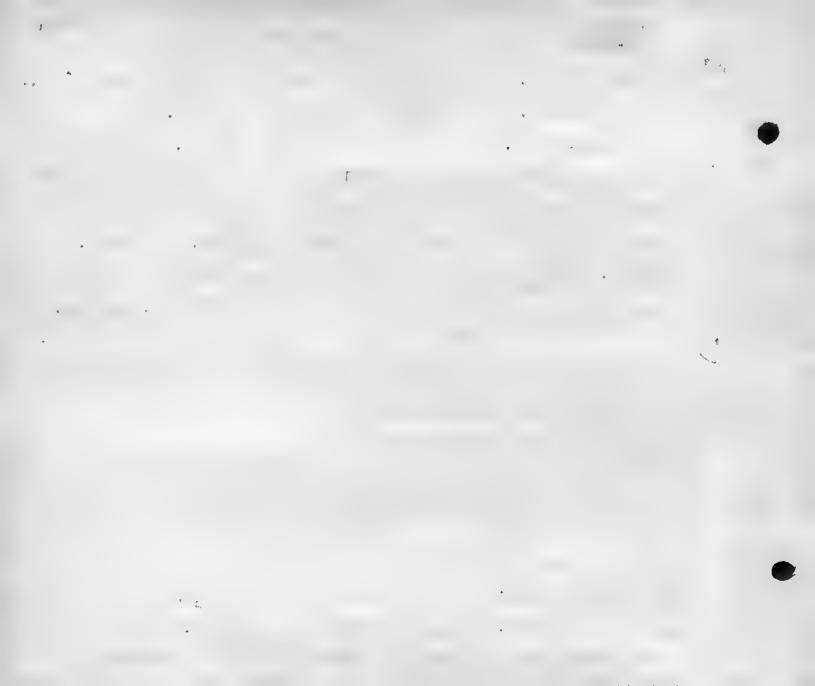
RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) is nectalinated the state of Health, a. COUNTY b. COUNTY MARVIAND Dorchester, Co.
b. C.TY OR TOWN (if outside corporate limits, Maryland Dorchester, Co. c. CITY OR TOWN If outside corporate I mils, write RURAL and give nearest towns c. LENGTH OF STAY IN 16 write RURAL and give paerasi town) Cambridge, Maryland. 68 Years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straet address) Cambridge, Maryland. IS RESIDENCE ON A FARM? YES NO TO 203 Academy, Street. 203 Academy Middla DECEASED OF (Typa or print) DEATH 19 60 after Abbott 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH IF UNDER 24 HRS. lest birthday) Months Days Hours Min. DIVORCED [WIDOWED & Female 10a. USUAL OCCUPATION (G va kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Give Pages 1 rm PM3. Pag U.S.A. File pages 7 Housewife Housewife Filiott Maryland. 13. FATHER'S NAME should be executed within 2 ng" in pencil in them 18. Give r's Office along with form P! s a burjat-transit permit. File p Damuel J. Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Philistine Langrall (Yes, no, or unkown) ((fyasgivawarordatasofsarvica) No No Lee Abbott 203 Academy, St. ambridge Mr. am PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 5 min. 5 DUE TO Conditions, If any, which gave risa lo immadiata cause DUE TO (a), stating the undarlying cremation, PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial cremant. NO K 2Da EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., etc.) Whila Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion Suicide death resulted from: Natural causes X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) 200 Address (Streat, city, town, or county) 224. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) P40 6 Burial 248. REC'D BY REGISTRAR P 248. REGISTRAR S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Le Compte Funeral Service, Cambridge, Maryland, DATE SEP 2 9'60 arthur S. Kraus 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



aw requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND RTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH a. COUNTY eg **b** COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURA) and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN IN autside carporate limits Arrite RURAL and give nearest town) antreda d. NAME OF HOSPITAL e. IS RESIDENCE d STREET ADDRE OR INSTITUTION YES NO Z .≤ NAME OF 4. DATE OF Middle Manth DECEASED (Type or print) DEATH 9 AGE IV IF UNDER LIVEAR IF UNDER 24 HR S. SEX > 6. COLOR OR RACE MARRIED DEVER MARRIED DATE OF BIRTH 1886 rears. last by hday) Manths Days Haurs WIDOWED | DIVORCED | DESUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 C TIZEN OF WHAT COUNTRY? 10a USUAL BIRTHFLACE (State or foreign country pa and ban 14. MOTHER'S MAIDEN NAME physician OVE IS WAS DECEASED EVER INVESTABLE FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause pegliple for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE-TO Canditions, if my, which gave rise to immediate DUE TO cause (a), stating the underlying cause last THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark affwark 21 | certify saw the deceased dive of , and that death accurred at M, from the causes and on the date stated above. 22a SIGNATURE ATTENDING MED. DIRECTOR M.D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BURIAL CREMATION, 236 DATE THEREOF CEMETERY OR CREMATORY LOCATION (City, tawn, or county) 23c. NAME O (State) REMOVAL (Specify)

25b REGISTRAR'S SIGNATURE

arlhur & House

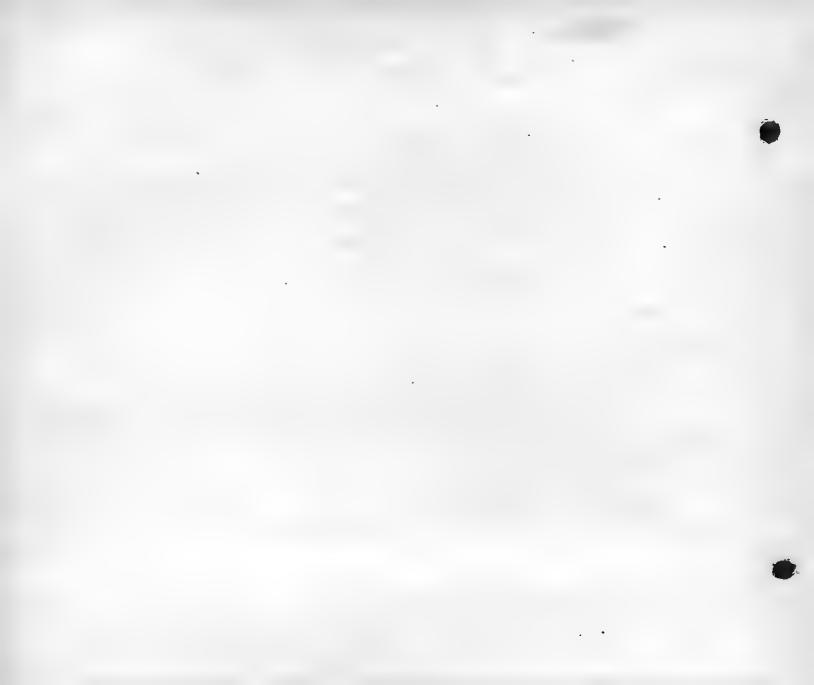
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DATE

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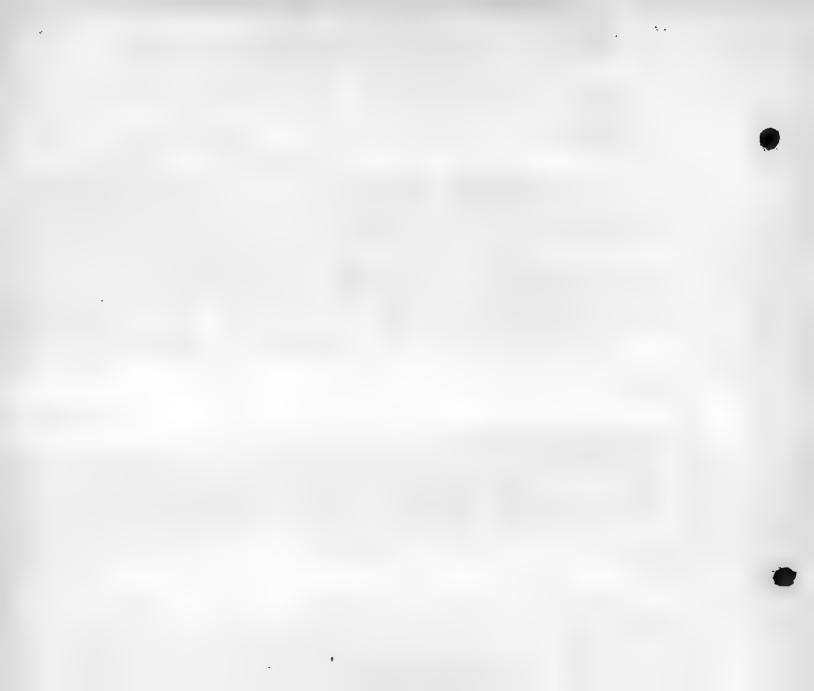
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death.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10227 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY b. COUNTY Maryland Dorchester MARYLAND Dorchester

10210

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V 70	ĮΠ	b CITY OR TOWN (I	f outside corporate limit	ls, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carp	prate limits, write R	URAL and g	ve negre	est town)	
		RURAL and give nearest lown) Cambridge			Life		Cambridge						
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		or institution 57 Dc	uglas Str	eet			57 1	Dougla	s Street	t		YES	
	3 [NAME OF DECEASED	Fin	r†	Middle		Losi	4. DATE	Man	th	Day	Ye	ear
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	5. \$	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲 1	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
		Female	410540	WIDOWE			Feb. 26,	1876		Months	Days	Hours	Min.
	10a	. USUAL OCCUPATION	ON (Give kind of work d	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (S	ale or foreign o	country)	12. CITI	EN OF	WHAT (COUNTRY
		Housew	rife		Housewif	e e	Dorches	ster C	o., Md.		US	A	
1	13.	FATHER'S NAME	***************************************				14 MOTHER'S MAIDE					-	
		0	harles H	Iens	วท		H:	arriet	t Johns	son			
4	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16.		. 17. IN			Addi				
	Į Tes	NO.	(If yes, give war or dates of se		14-07-952	d	Edmond Har	heatan	Cambri	On F	Md.		
			TH [Enter only one car					y Well U.	Campia	IEC.		MAA BETT	141554
			TH WAS CAUSED BY:				scular ac	aidant			ONSE	VAL BET	DEATH
					ogi obi al	L VCI	scular ac	Crueno					
		/ X DUE TO											
		Canditions, if a											
		couse (a), stating											
	_	lying cause last.) (c)										
	CERTIFICATION	PART II. OTH					NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS AL	UTOPSY MED2
	3		Diabe	tes	Mellitus	}					- 1	YES 🗌	
	FF	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yea		JURY OCCURRED	20e, PLA	CE OF INJURY IHome, f	farm, 20f (City	ar tawn)	{Co	unly)		(State)
	월	Haur a.m.	19	While at wark	Nat while	YOU	ary, street, affice bldg.,	erc.j					
		21 Leastifu th	at Lattended the	decease	d from Janu	ידיני פו	1, 1959, to	TAKE S	on+710 6	0.1		43. 1	
		alive anSept	: _]	10/0	3 110111,			D M	ELTITIA D	Minai I Io	IST SOV	v the d	lecease
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		PHYSICIAN'S	. Edwin F	20 0 0	ett.M.D.								
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		BURIAL, CREMATIO REMQVAL_(Specify)			22c. NAME OF CEME	_			TION (City, lawn, a			(Stole)	
ir,	B	urial	19/4/196	0	Bethel	Cem	etery	Cam	bridge,	Mary	lan	d	

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md.

DATES EP 1 4 '60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10228 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. COUNTY o STATE **b** COUNTY MARYLAND Marvland Dorchester Dorchester b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge years Cambridge d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 503 Brohawn Avenue Home YES I NO K NAME OF 4. DATE First Middle Day Last Month Year DECEASED OF Elmer Henry 9 (Type or print) Clyde DEATH 60 19 F UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours White Male DIVORCED | WIDOWED | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CIT-ZEN OF WHAT COUNTRY? Wire Cloth Mfg. USA Dorchester County, Md. Weaver 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Wheatley John Henry 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Yes Maud Graham Haarv. 503 Brohawn Ave., Camb. Mc War CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: RUMIB 05/1 IMMEDIATE CAUSE (o) **DUE TO** 2105CLEROSIS Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f (City or town) Month, Day, Year 20d INJURY OCCURRED (County) (State) Hour o.m. factory, street, affice bldg. etc.) While Not while at work of work p. m, Othat (I) (we) last 21 I certify that (I) (this hospital) attended the deceased from Sand that death occurred at saw the deceased olive on M, from the causes and an the date stated above 220 SIGNATUR 22b DATE SIGNED ATTENDING MD PHYS DIRECTOR -22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23a BUR AL, CREMATION 123b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Riverview Cemeterv Wilmington Delaware . ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR Le Compte Funeral Service, Cambridge, Md. SEP 2 2 '60 inthus & France Removed to: S ith & Wilson F.H., Wilmington,

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1000	ransit	n, or r

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be reto; by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed 3 shauld be detached for use as the burial-transit the State Board of Health prior to burial, crematian, ar TO HOSPITAL

VR A15 (4) 15M II/5II

1.0 (4)				
1. PLACE OF DEATH o. CODOrchester	MARYLAND	2 USUAL RESIDENCE (Wh. Mary land	ere deceased lived If institution b. COUNTY	on Residence before admission) Oorchester
b CITY OR TOWN (If outside corporate limits, write NIRA and give nearest town)	Life	c city or town (if o	utside corporote limits, write Ri	URAL and give nearest town)
or INSTRUCTION AVE	oddress)	d. STREET ADDRESS 7 Linden	Ave	e. IS RESIDENCE ON A FARM? YES [] NO
3 NAME OF DECEASED (Type or print) Lester	M ddie M	Henry Lost	4. DATE OF Sept	Doy Yeor 6
5 SEX Maje 6. COLOR OR RACE WIDOW	RRIED NEVER MARRIED	b date of Birth July 27, 1906	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
10b. JSUAL OCCUPATION (Give kind of work done 10b General Hauling	kind of Business or Indu- Trucking	STRY 11. BIRTHPLACE (Stole Maryland		12. CITIZEN OF WHAT COUNTRY USA
John W. Henry		Amada Hurl		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, app or unknown) (If yes, give wer or dates of service)	217 10 8521 M	iformani İrs Lester Hen	ry Cambridge	37
PART I. DEATH Enter only one couse per MMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	for (o), (b), and (c)]	ma L	· · ·	INTERVAL BETWEEN ONSET AND DEATH I Z LVECK
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				EN IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item IB)	
20c. TIME OF INJURY Month, Doy, Yeor While Hour o. m. 19 While of wo	s Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.		(County) (State
21 certify that (I) (this hospital) attention sow the deceased aliveran	31960 and that a	/ / // //	M, from the couses on	d on the dote stated obove
22c PHYS CIAN S NAME (Yype) H. HANK	s.M.	M D. PHYS DIT	RECTOR D PHYS D	MARYLAN)
Buryan (Pecify) Sept 5, 196	O Greenlawn	r crematory Cemetery	23d LOCATION (City fown, to Cambridge	Maryland (Stote)
24. FUNERAL DIRECTOR'S SPUNDED Servi	ce ^0ambridge	Maryland250 REC'O		STRAR'S SIGNATURE



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH b. COUNTY MARYLAND Maryland c. LENGTH OF STAY IN 16 21 days d STREET ADDRESS 4. DATE Lost Month DEATH

10214

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Dorchester Dorchester b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (if partide corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cambri dge d NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION IS RESIDENCE ON A FARM? YES 🗍 NO 🎜 Eastern Shore State Hospital NAME OF Day Year (Type or print) 26 Elmer Hughes September 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO IF UNDER I YEAR! IF UNDER 24 HRS. 5. SEX AGE (In years last birthday) DIVORCED [WIDOWED . Malle Whi te 10a. USUAL OCCUPATION (Gre kind of work tione 10b KIND OF BUSINESS ON INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unknown carela 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT Unk. RECORDS: Eastern Shore State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage davs IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which Generalized Arteriosclerosis Sev. vrs. gove rise to immediate DUE TO cause (a), sloting the underlying cause lost Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TO Hemiplegia, left 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour om While Not white at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from Sept. 2., 1500, ta Sept. 26, 1960, that (I) (we) last saw the deceased alive an Sept. 25-1960, and that death accurred at 20th, from the causes and an the date stated above 22a S GNATURE SIGNED MED DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Simon Virkutis Eastern Shore State Hospital, Cambridge, Md CEMETERY OR CREMATORY 23d JOBUNON (City, lown, or county) 23a BUR.AL CREMATION. 23c NAME REMOVAL (Specify) C 11 101

250 REC'D BY REGISTRAR

DATE. CEP 2 9 '60

25h REGISTRAR'S SIGNATURE Cours of Times

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24 FUNERAL DIRECTOR'S SIGNATURE

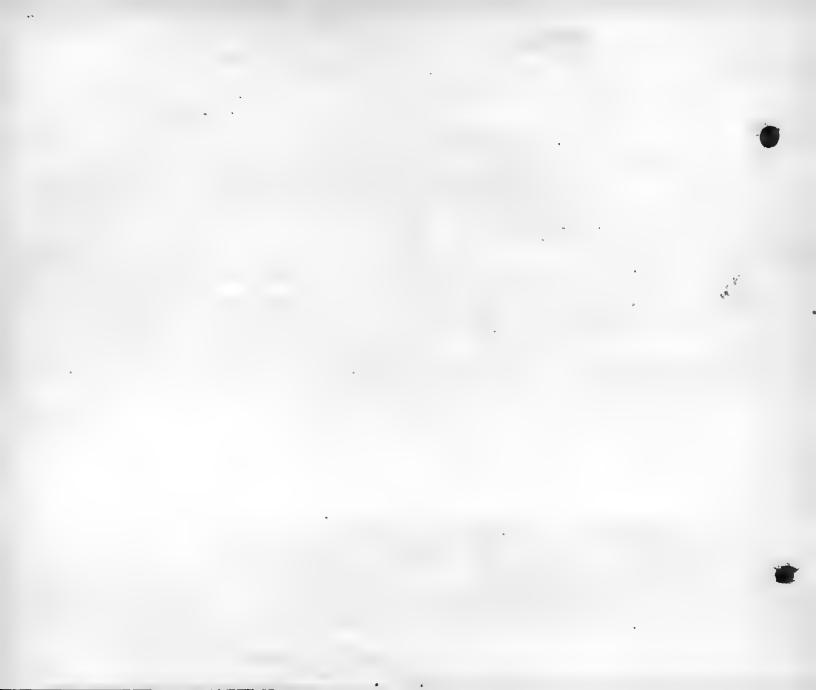
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TO FUNERAL DIRECTOR: After this cart ficate has been signed by the attending physician and campletely filled in the funeral director.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITA

VR A15 (4) 15M 9/59

10246 CERTIFICATE OF DEATH

\setminus	1, I	PLACE OF DEATH b. COUNTY				2 USUAL RESIL	PENCE (Wh	ere decease	d lived. If institut b. COUNTY		ce before	admission)	
)		_	hester. Co		MARYLAND	3.0	mrlan	4		Dam	ches	ter. C	10-
	ŀ	b. CITY OR TOWN (IF RURAL and give no	outside corporate limi	is, write	c. LENGTH OF STAY IN 16	c CITY OF	own fill a	sufside corpo	rate timits, write	RURAL and (give neor	est town)	
		Sewerads.	Maryland		Life	d. STREET A	rde.	Maryl	and			ic periors	100
7		OR INSTITUTION	AL (If not in hospital, g	live street	oddress)	/					0	ON A FAR	
		None				No.	10					YES NO	AET
		NAME OF DECEASED	Fit	12	Middle	las		4. DATE OF DEATH	Мо	nth	Day	Yeor	
		(Type or print)	Molli	7	A	Insley		DEATH	9	lienien		19	0_
	5. 9	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years lost birthday) 89 yrs	Months	Doys	Hours A	Win,
		Female	White	WIDOWI	ED 🚨 DIVORCED 🔲	1/23/18	371		89 yrs	711311113	50,.	110013	
	100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CIT	ZEN OF	WHAT COU	VTRY?
	3.	Housewife			Housewife -	14. MOTHER'S	MATOEN	DAME		U	.S.A	•	
	\mathcal{M}	illiam Abb	ott				Ell:	iott					
-1	15	WAS DECEASED EVER			SOCIAL SECURITY NO. 17. II	NFORMANT			Add	dress			
	f.a.	No	NT	ervice	No.	na Madda	T	-7	G 1 .	2/2			
	_		TH (Enter only one or	use per l	ne for (a), (b), and (c)]	rs. Nett	e In	sley,	bewards,	- Made	INTE	RVAL BETWE	EN
			TH WAS CAUSED BY:		70 20 10 0	Alo.	11 0-	-6) /		ONS	T AND DE	ATH
		661.7	IMMEDIATE CAUSE (c)	energy are	Her	ne	YH			-/-	alle	12.
		331%	. DUE TO)	1-1-1	11.		4	0			- (/	
		Conditions, if or		1	Merio	clar	8-26						
		gove rise to it couse (a), stating t) (10 6-6	<u> </u>							
		lying couse lost.) (0	2 (Slewer	1							
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY											
$ \mathcal{G} $													
	0131	20a ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture o	finjury m	Port : or Por	t II of item 18.)				1
	CERTIFICAT	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part : or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICA	20c TIME OF INJUR	Y Month, Doy, Ye	1	l fo	ACE OF INJURY (ctory, street, office	Home, form	20f (City	y or town)	(1	County)	((State)
	WED	Hour o m, p, m,	19	While of wor	TAOL MILIE	e //	arog., erc						
			t (I) (this haspita	l),átteno	ded the deceased fram	0-/10	1,5	45.10	9/12	19.6	2⊊2 the	at (I) (we)	last
		saw the deceas	ed alive an	1-12	19 Q Q and that a	death accurred	d at A	Ma fram	the causes a	nd an the	e date	stated ab	ave.
		22pt 5 GNATURE	18-77	5	. /							a 226 DA	TE
		15	7+1/2-1	Que.	LK2	M.D PHYS	M M	ED RECTOR []	STAFF PHYS			7/37	6
1		22c PHYSICIAN'S	1111			22d ADERI	55					150	
		NAME (Type)	HHAN	UK	<u>S</u>		AI	-13	Rig	6 E		La	
	23a		N. 236 DATE THEREC)F	23c NAME OF CEMETERY C	R CREMATORY		23d LOCA	TION (City, town,	or county)		(State)	
		REMOVAL (Specify)	0/25/20	60.	Parille Cart			0	- 1- W1				
	_	FUNERAL DIRECTOR	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	UU.	ADDRESS Cemes	rery	250 REC'	D BY REGIS	TRAD FAC. SEE	ISTRAR'S SI	GNATUR	E	
						M.A	SE	P 2 2 '6	0	rihung &			
£		Le Compte	runeral Se	CLATC	e. Hambridge. 1	Md.	DATE				1 Wall		





FOR STATE HEALTH DEPI TO DEPUT (EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any define is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funitorior. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-franging permit File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in pay event within 72 hours after demith. VS. A15ME 5M 7/59

	Division of STATISTICAL RESEARCH AND RECORDS,	CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. STATE Maryland b COUNTY Dorchester
	b. CITY OR TOWN (if outside corporate limits, real ENGTH OF STAY IN 16 write RURAL and give nearest town) Cauthridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 200 Phillips St.	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Cambridge d. STREET ADDRESS 200 Phillips St. VEST NO PI
	75 7	DATE Month Day Year OF DEATH Sent. 23, 19 60 DATE OF BIRTH OCT. 15 1881 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest b thdey) Months Days Hours Min.
	10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Labor Labor	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRYS US A
	Joseph Kane	14. MOTHER'S MA DEN NAME Emily Kane
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewarordelesofservice) NO Em.	ory Kane, Cambridge, Md.
	18. CAUSE OF DEATH [Enter only one cause per [ne for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), stering the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	ON INTERVAL BETWEEN ONSET AND DEATH IN SCANT
1	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	YES NO NO NO Part I or Part II of item 18.)
	20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED; 20e, PLACI While Not While fector at work et work et work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held death resulted from. Natural causes . Accident . Suicid	e, Homicide, Undetermined manner
. "	ACTUAL SIGNATURE John Morely	CHIEF MEDICAL EXAMINER M.D. ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 9/30/60
	228. BURIAL (Type) 228. BURIAL (Type) 228. BURIAL (Type) 229. DATE THEREOF BUT 1a 1 220. NAME OF CEMETERY OR CO Harrisville	Address (Street, city, lown, or county) CREMATORY 22d. EOCATION (City, town, or country) (State)
	23. FUNERAL DIRECTOR Herbert M. StClair Cambridge, Md.	DATIOCT 4. '60 Cirilus S. Krana

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (if outs de corporata lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) entire life Cambridge Cambridge d NAME OF HOSPITAL OR NSTITUTION (if not in hospite, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? retained he State B YES NO 4 Cambridge-Maryland Mospital 801 Maryland Ave. 4. DATE OF (Type or print) DEATH Weedon September 11,196019 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR F UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months Days ' Hours WIDOWED | D. VORCED ! Female December 10a. JSUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) executed within a second in Item 18, Give Pages Cambridge
14. MOTHER'S MAIDEN NAME Momemaker Moward R. Weedone Louise Lake IS. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewar or dates of service) " in pencil in Item 18 Office along with for buriel-transit permit. No Charles W. Kelly, 801 Maryland Ave., Cambridge 18. CAUSE OF DEATH lEnter only one causa per line for (a), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Intracranial injury IMMEDIATE CAUSE (a) DUE TO (b) Con yound fractures skull gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1 & 19. WAS AUTOPS Y PERFORMED? NO X 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) PRIMARY TO CONTRIBUTING sase execute the certificate, writing the should be forwarded to the Chief Ma FUNERAL DIRECTOR: Page 3 sh-its designated agent, prior to buriel, thrown from car which was struck by another car. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town. Month, Day, Year fectory, street, office bldg., etc.) Not While at work at work Water St. Cambridge. 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident IV. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER [DATE SIGNED SIGNATURE EXAMINER'S John Mace Jr. M.D. NAME (Type) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) Sept.13,1960 Dorchester Memorial Park | Cambridge, Md. E40 9 ADDRESS Cambridge . Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME DATE SEP 2 0 '60 arthur S. Thrack 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY ector. Page our files. **b.** COUNTY Dorchester Somerset Maryland MARYLAND b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 "ITY OR TOWN (If outside corporate Irm ts, write RURAL and give nearest town) Write RURAL and give nearest town)
Cambridge your Crisfield 7vr.5mo.29da a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) REET ADDRESS ON A FARM? Eastern Shore State Hospital retained he State YES INO PO 3. NAME OF 4. DATE Month Middla DECEASED OF September 1960 Mary DEATH (Typa or print) Ann Laird with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR ! 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months | Devs Hours 1 Mr. Female White WIDOWED [DIVORCED 72 hc 10a. USUAL OCCUPATION (Giva kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratired) Give Pages 1 Give Pages 1 PM3. Pa U.S.A. Maryland Housewife sebed FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Turner Clementine Dize form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgivawarordelasofsarvica) Records -Eastern Shore State Hospital no 18. CAUSE OF DEATH If n'ar only one cause per line for (e), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure 1 day IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3): 19. WAS AUTOPS) PERFORMED? Fracture neck r. femur. YE5 NO CERTIFICA 208. EXTERNAL CAUSE WAS 20h. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Fell on floor 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, * 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) While Not While Cambridge at work at work Hospital Dor ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my opinion 2 Suicide Homicide Undetermined manner death resulted from. Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/8/60 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace NAME (Type) Address (Streat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stefa) 22a, BURIAL, CREMATION! 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) D 4 D Ö 24a / REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR ADDRES **VS. A15ME** arthur & Kines 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 11	3
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10245 CERTIFICATE OF DEATH

10213 Reg. Dist. No.

1.	PLACE OF BEATH	1				2. 1	USUAL RESI	DENCE (WI	here deceasi			on: Residenc	e before	odmyssion)
	o. COUNTY				MARYLAND) 2	o. STATE	. (t'	Ь.	COUNTY	11.2	,	1. 1.
	b. CITY OR TOWN (IF RURAL and give neo		s, write-	c. LENGTH	OF STAY IN 16	,	c. CITY OR	TOWN (If a	outside corp	orote limi	its, write R	URAL ond g	ve near	est town)
1/2	THE STATE OF THE PARTY OF				7	, X		1			11.	1 2		
	& NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)	/-		d STREET A	ADDRESS						IS RESIDENCE
	OK INSTITUTION	K						, , , ,	1 _ /					YES NO
3.	NAME OF	Fir	sì	/	Middle		Los	şt .	4. DATE		Mon	th	Day	Yeor
	(Type or print)	Ĺ	. 4		11.	,	Á	e Fin ,	DEATH	1	1	7	.1	19 /- "
5.	SEX	6. COLOR OR RACE	7. MARI	IED NEVE	R MARRIED	6. DA	JE OF BIRT	Н	-1	9. AGE	(In years			
	7	΄ ε	WIDOW	ED 📴 🗆	DIVORCED 🗍		115		\$	1033	yes	Months	Days	Hours Min
100	. USUAL OCCUPATION	(Give kind of work	lone 10b.	KIND OF BUS	SINESS OR INC	DUSTRY	11. BIRTHPL	ACE/(Stote	or foreign	country)		12. CITI	ZEN OF	WHAT COUNTRY
	1/2-	11		-			-77	lona	lan	رام.			.r	
13.	FATHER'S NAME	1 2	-			14	. MOTHER'S	MAIDEN	NAME		1			<u> </u>
1	12600	1)-013-7	3				17	F11	Cra	1	11	41 "		
			CES? 16.	SOCIAL SECU	RITY NO. 17.	INFOR	MANT ,		<u>, </u>	1	Add	ress /	· · · ·	
(Ye	H, no or unknown) (II	yes, give wor or dotes of w	ervice)	_	- /	105	MI	1dv	ed 1	VAV	KI			1 ignal
Г	18. CAUSE OF DEAT	H [Enter only one co	use per li	ne for (o), (b),	ond (c)]		`/					-		
	PART I DEAT	H WAS CAUSED BY:		Here	e #	1	-1 . 1	+					ONSE	AND DEATH
ı	1700	DUE TO		~ /	/	L	1 2			, ,				
	Conditions, if on	v. which)		(0/2	f con	1	10	~ ~ ~	1011-	fin;	,			
	gave rise to im	mediate (1		- 1							
	lying couse lost.	ie <u>Under-</u>												
ž	PART II. OTHE			ONTRIBUTING	G TO DEATH B	UT NOT	RELATED TO	THE TERM!	INAL DISEA	SE COND	ITION GIV	EN IN PART	1(0) 19	, WAS AUTOPSY
CERTIFICATION														
TIFIC	200 ACCIDENT WAS	UNDERLYING	20b DES	CRIBE HOW IN	NJURY OCCUR	RED (Er	nter noture o	f injury in	Part I or Po	rt II of its	em 16 }	·		
	OR CONTRIBUTING L	J CAUSE OF DEATH												
MEDICAL		Month, Doy, Yes				PLACE (OF INJURY (Home, form	20f. (Cit	y or town	1)	(Co	ounty)	(State)
MED	Hour o.m.	19			The same	iociory,	sireer, orner	e blog., erc				-		
	21. I certify the	ASDECTASED FIRST Middle Dost S. DATE DEATH Doy Year DEATH DEATH DOY Tear DEATH DEATH DEATH DOY DOY												
	* / · · · · · · · · · · · · · · · · · ·	1 2 2	19		d that ded	th occ	arced at	.,	M. From	m the				
	7	7		·	2 // 000	," ,000	orrod di						e guit	- DATE SIGNE
	ACTUAL SIGNATURE	Maic uc	e 1:	34	Mick	M.D.	E	7.5 kg	· ·			7	· · · · · · · · · · · · · · · · · · ·	·
	PHYSICIAN'S NAME (Type)	Maril	10	et.	Sho	26	10700000						/ _E %	
220	BURIAL CREMATION	226 DATE THEREO	F	22c. NAME	OF CEMETERY	OR CRE	MATORY		22d. LOCA	TION (C	ily, lown, i	or county)		(Stole)
B	urial (specity)	10/2/196	0.	Hosie	r Memor	rial	Chur	ch	Fis	hina	r Cma	n]r 1/1-3		
23	FUNERAL DIRECTOR'S	SIGNATURE								A COUNTY IN PARTY	246 REGI	TRAR'S SIG	NATURE	
L	e Compte Fi	uneral Ser	vice.	Cambr	idge. N	lam	land.	DATE	OCT 5	'60	(Inthus a	8. The	and a
_				The second second second		and the same of								



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1	エリんりん	CLKIIICA	TE OF BEATTI		TOWN							
	1 PLACE OF DEATH				non Residence before admission)							
/	Dorchester, Co.	MARYLAND	o. STATE Marylan	d b COUNTY	Dorchester, Co.							
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)							
	RURAL and give nearest fown) Cambridge, Maryland.	1 Weak	Hudson.	Maryland.	*							
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
7	Cambridge Maryland Hos	pital	None		YES NOT							
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	onth Day Year							
	(Type or print) William	Α	Mowbray	DEATH 9	5 1960							
	S SEX 6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (to years last birthday)								
	Male White WIDOW	ED DIVORCED	6/6/1923	37 yrs	Months Doys Hours Min							
	10a USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY							
	Painter	Painter	Marylan	d	U.S.A.							
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME								
,	James P. Mowbary		Olevi	a Harrington								
	15 WAS DECEASEDEVER IN U. S ARMED FORCES? 16 [Yes, no, or unknown] [[If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17.1	NFORMANT		dress Md.							
		Unknovm	Mr. James Mow	hary, 901 Rosy								
	18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY.	aremo	no to	VILCROADA	ONSET AND DEATH							
	157 X DUE TO											
	Conditions, if any, which)	Conditions, if any, which) (b)										
	gave rise to immediate cause (o), stating the under-											
	lying cause last.											
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	IVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?							
)	PART II OTHER SIGNIFICANT CONDITIONS				YES NOY							
	4 200 ACCIDENT WAS LINDEDIVING CT 206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of item 18.)								
	B (IF EITHER, NOTIFY MEDICAL EXAMINER)											
			ACE OF INJURY (Home, form	, 20f. (City or lown)	(County) (State							
	Hour o.m. p. m 19 at wor	Not while	ictory, street, office bldg , etc									
	21. I certify that (I) (this hospital) attend	ded the deceased from	+/100 10	60,04/5								
	sow the deceased olive on 91.1		- 7		nd on the date stated above							
	22a SIGNATUR	/ gez. / dild mui c	dediti occorred dragg_	IM, Hom the couses a	226 DATE							
	1 to the	M.D. ATTENDING MED STAFF										
ı	22c PHYSICIAN'S		22d. ADDRESS		7/6/							
	NAME (TYPE) V. H. HAW!	145	CARIB	R1365 17	ARYLANDIG							
	23a BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, fown,	ar county) (State)							
	Burial 9/8/1960.	Dorchester M	omended Det	ambridge, N								
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE							
	Le Compte funeral Servic	e. Cambridge.	Md. DATE S	EP 2 2 '60	2.11. 2 8 4° a							

TO HOSIITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reported by the haspital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremation, an removal, and in any event, within 72 hours often death. VR A1S (4) 1SM 9/5II

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

10221

e. IS RESIDENCE ON A FARM?

YES NO IN

Year

1960

Rea. Dist. No.

Day

12. CITIZEN OF WHAT COUNTRY!

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

(Stole)

Days

(County)



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS FOR STATE CERTIFICATE OF DEATH HEALTH DEP I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY **b. COUNTY** Dorchester MARYLAND b. CITY OR TOWN (if ouls de corporele limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL end give negrest town) Cambridge hrs. Poc omo ke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 3. Name of State Hospital Box 361 4. DATE Month DECEASED (Type or print) DEATH 1960 Wharton Parks September 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months WIDOWED DE DIVORCED Female White 1 10b. KIND OF BUS.NESS OR INDUSTRY | 11 BIRTHPLACE (State or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) U.S.A. Maryl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Tull
15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT Mary Godwin (Yes, no, or unkown) | (If yes give were r detes of service) Eastern Shore State Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),) INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: Cerebral arteriosclerosis IMMEDIATE CAUSE (a) DUE TO Conditions, if eny which gave rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. While st work st work 21. I certify that I took charge of the remains described above, held an Autopsy (X). Inspection [and in my opinion Inquiry death resulted from: Natural causes I Accident Suicide Homicide | | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME [Type] John Mace Address (Street, c'ty, lown, or county). 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERYADX SRIPPORT X 22d, LOCATION (City, town, or country) REMOVAL (Specify) First Baptist Pocomoke City, Maryland P40 Burial LUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Pocomoke City. arthur S. Thous



within 24 hours often death Page 4

e funeral director, rould be filed with and 2 should may be retored by the hasp tall ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp elely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers? Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL VR A15 (4) 15M 9/59

1 PLACE OF DEATH			ALABYI AND	2. USUAL RESIDEN	ICE (Where de		If institution.	on Residen	ce before ac	lmission)	
	ter, Co.	. T	MARYLAND		vland		4			r, Co.	
b. CITY OR TOWN (I	If outside corporate limits, earest town)	write c. LEN	NGTH OF STAY IN 16	CITY OR TOV	WN (If outside	corporate lin	nits, write RI	JRAL ond	give nearest	lown)	
Cambridge	Md.		Neek	X Wingat	te. Mar	ryland.					
d. NAME OF HOSPIT	TÅL (If not in haspital, give	street address)	d. STREET ADD	RESS					RESIDENCE N A FARM?	
	Maryland Ho	spital		None							
3. NAME OF	First		Middle	Lost	4. 0	ATE	Mon	th	Day	Year	
(Type or print)	ď.	Hobart	Pritchett		i ii	DENTH	q		20	19 60	
5. SEX	6. COLOR OR RACE 7		NEVER MARRIED	B. DATE OF BIRTH		9 AG	E (In years			INDER 24 HRS	
Male		/IDOWED []	DIVORCED	8/26/1896	4		birthday)	Months	Doys Ho	ors Min.	
100 USJAL OCCUPATION	ON (Give kind of work dar	ne 10b KIND (OF BUSINESS OR INDU				24	12 CITI	ZEN OF WH	AT COUNTRY?	
during most of wor	king life, even if retired)								** ** *		
13. FATHER'S NAME		wat	erman	14. MOTHER'S MA	ate Mr	1.			U.S.A	•	
	dge Pritchet		SECURITY NO. 117 I	MA3	rtha V	Todd	Adde	resc			
(Yai, no, or unknown)	(If yes, give wor or dates of servi	ice)	d - 0.4 -	•	_						
No	No		7 - 9	s. Mildres	i Prite	chett,	Winga	te, N			
	ATH (Enter only one couse	e per line for (o), (b) and (c).	- ^ ~	· A				ONSEL	L BETWEEN	
PART (, DE/	ATH WAS CAUSED BY: (D)	Myo	conte	se 7	alle	irl			66	cays.	
4/6	DUE TO	A		0	1-	_	A		-	>1	
Conditions, if a		10	-on-	my U	rles	1) 1	ecurc	0×			
gove rise to i		01		10	7				/)	
lying couse lost.		Khi	eima	ADO -	12+	er.					
Z PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO TH	E TERMINAL I	DISEASE CON	DITION GIV	EN IN PAR	T 1(0) 19 W	AS AUTOPSY	
18 (81	nousew	2 m/	(CA)							□ NO X	
E 20a ACCIDENT W.		DE DESCRIBE H	HOW INJURY OCCURR	ED (Enter nature of in	njury in Port I	or Port II of	item 18)				
	G CAUSE OF DEATH										
	RY Month, Day Year	20d INJURY	OCCURRED 20e. P	LACE OF INJURY (Hor	me, farm, 20	of (City or tax	vr)	(County)	(State)	
20c TIME OF INJUI	19	While _ N	lat while fo	octory, street, office bl	ldg , etc.)	,,		,	,		
		at work 0		7/11		91	7 0		- 40		
21 1 certify the	at (1) (this hospital)	attended th			7 ** * 6	, ta	20			(1) (we) last	
saw the decea	sed alive an	20	1960 and that	death accurred	NH KI	Fam the	auses an	d an the	e date sto	ited above.	
220 SIGNATUSE	7000		1	ATTENDING .	♠ MED	STA	FF			226 DAJE S SNED	
			•	M.D. PHYS	MED	OR PH			7	14/60	
22c. PHYSICIAN'S NAME (Type)	111_		1.	22d ADDRESS		- A		A	/	1/5	
N. I	TIPN	KJI	14.0	C/4 P	4 /3 R	116	Carpen	17A	RYL	A~ ()	
230. BURIAL, CREMAT C	ON 236. DATE THEREOF	23c.	NAME OF CEMETERY	OR CREMATORY	23d	LOCATION (City, town,	or county)		(Stote)	
Burial	9/22/196	50. D	orchester N	femorial P	ark	Cambri	dge	Maryl	and.		
24, FUNERAL DIRECTOR	SS SIGNATURE		ADDRESS		Sa. REC'D RY	REGISTRAR	256 REGI	STRAR'S SI	GNATURE		
Te Compt.	Funeral Ser	rince. C	ambridge. I	fd.	SEP	2 9 '60	0	wither .	P. Hama		



offer death. Page

PHYSICIAN: The law requires that the death certificate be

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		·	

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

PLACE OF DEATH

attending physicic en please remave of within 72 hays VS A1S (4) TSM 97SB

· COUNTY DORCHESTER b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) RURAL GOLTS YEARS CHMBRIDGE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? RFD SHORE STATE HOSP. EASTERN YES 🔲 NO 💢 NAME OF 4. DATE Month DECEASED DEATH (Type or print) 196 B. DATE OF BIRTH IF UNDER 1 YEAR HT UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years lost birthday) Hours Months Doys DEC. 6 WIDOWED M DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. MARYLAND SCHOOL Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SMITH SARAH CATHERINE JOHN 16 SOCIAL SECURITY NO INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? HOSPITAL RECORD NOKE NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CHRONIC CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (o) DUE TO GENERALIZED ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. [20e. PLACE OF INJURY (Home, form," 20F (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) While Not while at work at work 19 57 to SEPT, 1 21. I certify that I oftended the deceased from MAY 22-____ 1960 that I lost sow the deceased , and that death occurred at 1029 M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED EASTERN SHORE STATE HOSP. PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION | 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FLINERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 6 Circling S. Through DATE



Le Compte Funeral Service, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10226

(State)

Circhan S. Kraus

DATE SEP 2 2 '60

		2 . 10 .5 .		GENTIN			****						
	PLACE OF DEATH					USUAL RESIDEN	ICE (Where	deceased		on Reside	nce before	admiss	(on)
	Don	chester, Co	•	MAR	YLAND	Mary	rland,		P COUNTY	Dore	chest	er,	Co.
		aulside corporate limits	write	c LENGTH OF STAY	/ IN 1b	CITY OR TOV	VN (If outs	de corpor	ate limits, write R	URAL and	give near	est town)
	Cambridge	e Md.		Life	- 1/	Cambri	idge.	Mary	land.				
		AL (If not in haspital, gr	va street	address)		d. STREET ADD	RESS				e.	IS RES	IDENCE FARM?
		mbridge Md.	Hos	pital	Į	None	9						NO [
	NAME OF	First		Middle		Last	4	DATE	Mor	ith	Day	1	Yeor
	DECEASED (Type or print)	Tilden		W_{\bullet}	R	le		OF DEATH	9)	7	1	19 60
	SEX	6 COLOR OR RACE				DATE OF BIRTH			9 AGE (In years		R 1 YEAR I		
	Male		WIDOW			3/15/18	377		83 yrs	Months	Days	Hours	Min.
3	USUAL OCCUPATIO	N (Give kind of work d	ne 10b	KIND OF BUSINESS (OR INDUSTR	Y 11. BIRTHPLACE	E (State or	fareign co		12. CF	TIZEN OF	MHAT C	OUNTRY
	Farmer	ing life, even if retired)		Farmer		Marvla	and			1	U.S.A		
F.	ATHER'S NAME			2 042 112/2	1	14. MOTHER'S MA		ΛE			0,00,11	*	
	George Ru	A				Eliza	Roe						
	WAS DECEASED EVEL	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	D. 17, INFO		4 1000		Add	ress			
•	n, no, or unknown)	If yes, give war or dates of ser NO	vice)	No	Fra	nces J. F	2110 (Camba	idge. Mo				
		TH Enter only one cou	se per li			1005 05 1	i ac a	Kentral	rae e in		INTER	VAL BE	TWÉEN
		TH WAS CAUSED BY:			P	W "	TF	t	В		ONSE	TAND	DEATH
	1100	MMEDIATE CAUSE (o).		C 6 2:33		17000	1 /	E Columbia	* *L.K		<i>±</i>	200	7.
ı	4000	. /		11.10	(t.	0 1	D			-	1,2	g.
l	Canditions, if or gave rise to it	mmediate (0)		CC CX 200	- 1-6.0			1				J	,
	lying couse lost												
		J (c). IER SIGNIFICANT CONE	TIONS	CONTRIBUTING TO DE	FATH BUT N	OT RELATED TO TH	IF TERMINA	N DISEASE	CONDITION GIS	VEN IN PA	RT 1(a) 19	WAS .	AUTOPSY
		7 Ucn en				0	72 1 210111141			2		PERFO	RMED?
	20a ACCIDENT WA	V '		CRIBE HOW INJURY O	OCCURRED	(Enter nature of in	ory in Por	t I or Port	II of item 18)			143	140,2
	OR CONTRIBUTING	CAUSE OF DEATH					, ,						
		Y Month, Doy, Yea	20d I	NJURY OCCURRED	20e PLAC	E OF INJURY (Hon	ne. form.	20f (Cily	ar tawn)		(County)		(State
	Hour a m.	19	While	Not while		ry, street, office bl		(,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(
	p. m.	· · · · · · · · · · · · · · · · · · ·	,	rk of work	ļ.	() 7			() -				
	21. I certify tha	t (I) (this hospitol)	oftend				12_4				ير. tho	. , ,	
II.	saw the deceos	ed alive on	<u> </u>	19_ <u>60</u> , onc	d that de	oth occurred c	13.PM	l, from	the couses ar	nd on th	e dote		
ļ	220. SIGNATURE	2				ATTENDING 3	MED.		STAFF	1	G	220	SIGNE
l	22c PHYSIC AN'S		L	y ban .	M	22d, ADDRESS	DIREC	CTOR 📙	PHYS 🗆		- 1	-	60
	NAME (Type)					ZZO. ADDKESS							
	BUR.AL, CREMAT O REMOVAL (Specify)			23c NAME OF CEA					ION (City, town,			(Stot	e)
-	Burial		00	Dorcheste	er Mem	T			ridge, M	-			
4	FUNERAL DIRECTOR	5 SIGNATURE		ADDRESS		25	o REC'D E	BY REGIST	RAR 256 REGI	SIRAR'S S	TONATUR		

TO FUNERAL DIRECTOR: A page 3 shauld be detached the State Board of Health VR A15 (4) 1SM 9/59

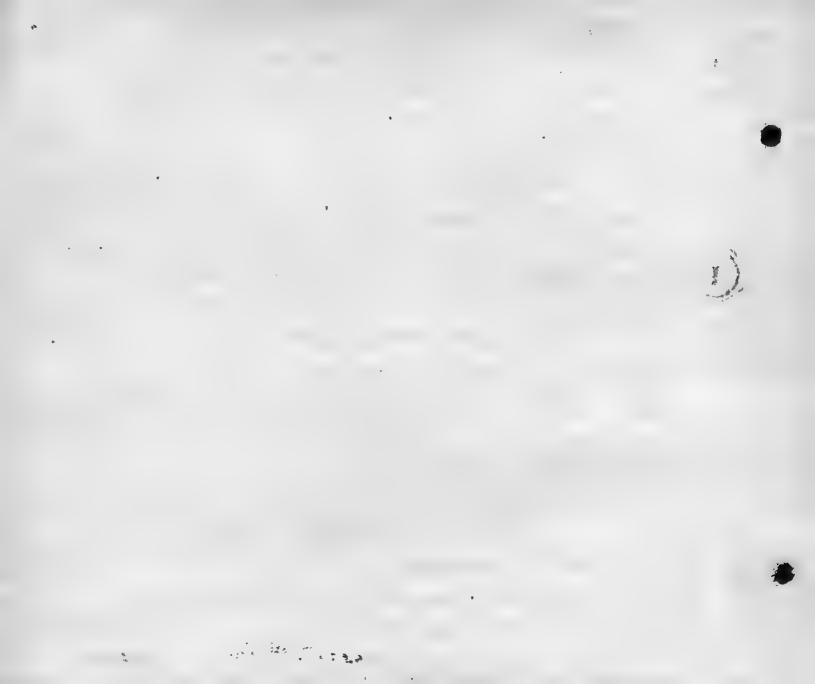
funeral director, after death. Page

. 5

law requires that the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** 112.33) MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY T irector, Festiles. Dorchester MARYLAND b. CITY OR TOWN (if outs de corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) your write RURAL and give nearest lown) Sccretary Ga il midre d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Cambridge Hospital YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF Misshoth Saunders (Type or print) DEATH 19 60 Sert. 6. COLOR OR RACE 7. MARRIEDA NEVER MARRIED S. SFX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days Hours WIDOWED I DIVORCED 10a USUAL OCCUPATION IG ye kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housevife Own home Haryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Records Calbridge Joshit I 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c)] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral vascular accident IMMEDIATE CAUSE (a) DUE TO Hypertensive C-V Disease geve use to immediate cause **DUE TO** (a), stating the underlying PART I., OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION G VEN IN PART 1 0; 19, WAS AUTOPSY PERFORMED? NO T TO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) factory, streat, office bldg., alc.) Hour a.m. While Not While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy 20 Inspection Inquiry and in my opinion death resulted from: Natural causes XI Accident Sulcide. Homicide Undetermined manner Xecute the be forwarded be forwarded CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should | NAME (Typa) Address (Streat, city, RIAL CREMATION | 22500 26d. LOCATION CTV. ₽40 p REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Children & House





VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10229

k		- -												
	1, PLACE OF DEATH 0. COUNTY	_			- 1	2. USUAL RESIDENCE (Where deceased lived if institution Residence before as a. STATE b. COUNTY						fare adm s	sion)	
	Dore	hester, Co.	,	MARYLA	IND	Mar	ylan	3	D. COC		rchest	er. C	0	
	b CITY OR TOWN (I RURAL and give no	f autside corporate timi	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	_ Cambridge	, Md. (R.F.		5 Days		Cambr	idge	Mary	rland.	(R.F.D.	.)		
3	d NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	give street ac	ddress)		d. STREET ADE						e IS RES	SIDENCE A FARM?	
F		Maryland I	al		None] NO [
	3 NAME OF DECEASED	Fir	sì	Middle		Last		4. DATE OF		Monti	1 I	Day	Year	
	(Type or print)	Alexander			ewar	ds		DEATH		9		30	1960	
	S SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B D	ATE OF BIRTH			9. AGE (In) last birtho		Manths Doys		ER 24 HRS Min.	
	Male	White	WIDOWED	Zhell.	□ 2	/5/1870			90	yrs	Mullins Day:	110015	MIII.	
	10a USUA, OCCUPATIO during most af warl	ON (Give kind of work-	done 10b K	IND OF BUSINESS OR	INDUSTRY	11 BIRTHPLAC	CE (State o	or foreign c	ountry)		12. CITIZEN	OF WHAT	COUNTRY	
	Waterman			terman					nester,	Co	MAS	S.A.		
1	13. FATHER'S NAME				1	. MOTHER'S M	AIDEN N	AME						
,	Alexander	Seward				Sat	rah	Wheal	tlev					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFOR	MANT				Addre	153			
	No	No		known	J. N	orman S	ewario	d. Car	nbridge	1 - 1	ld_			
	18 CAUSE OF DEA	ATH [Enter anly one co	use per luga	(a), (b), and (c)		-	7					TERVAL B		
	PART I DEA	TH WAS CAUSED BY-	. Ch	ulma	21 41	11-1	Same .	est	2000	,	2	NSET AND	CELLO	
	14150	DUE TO			- عقرا سجا ال	,						1		
	Conditions, if o	e Which)	6.2	alalus	1	0000	~ 6	18	1000		K	Lda	11-	
	gave rise to i	mmediate Dus To	- //		- /	· ·	/	-	La Che comme	X	1		72	
	lying cause last													
	Z PART IF OTH	HER SIGNIFICANT COM	DIT ONS CO	ONTRIBUTING TO DEAT	HUT NO	T RELATED TO T	HE TERMIT	NAL DISEAS	E COND TIO	N GIVE	N IN PART 1(a)	19. WAS	AUTOPSY	
	PART IF OTH												NO X	
	200. ACCIDENT WAR	☐ CAUSE OF DEATH	20b DESCI	RIBE HOW INJURY OCC	URRED. (E	inter nature of i	injury in P	art I or Pa	rt II of item 18	B.)			-	
		MEDICAL EXAMINER)	1					<u> </u>						
	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. 1N. While	URY OCCURRED 20	0e. PLACE factory	OF INJURY (Ho , street, office b	ome, farm, aldg., etc.	, 20f (Cit)	y or town)		(Count	γ}	(State	
	¥ pm	19	at work	at work										
	21. I certify the	ot (I) (this hospyto) gittende	ed the deceased fr	rom. 4/	26.	, 19.	60to	101	<u> </u>	196 C	that (I)	(we) las	
	sow the pleceo:	sed olive on 16	11	19.60 Oond th	hot deal	h occurred	01572	M, from	the couse	s and	d on the do	te stoter	d above	
	220 SIGNATURE	750	7				A					107	DATE	
	214	155 To	eile	2	M.D	ATTENDING PHYS	Z ME	RECTOR .	STAFF PHYS]		1 42/	150	
	22c PHYSICIAN'S NAME (Type)	1 1				22d ADDRESS	5		٤		110	<i></i>	/	
		HAN	1KS	•		L A!	LIP.	DRI	36E		PLAS			
	23a BUR AL, CREMATIC		OF .	23c NAME OF CEMET	ERY OR CI	REMATORY		23d LOCA	TION (C ty, t	own, o	r county)	(Sto	rte)	
1	REMOVAL (Specify)	10/2/196	50	Spedden Ce	mtam	r		Can	ibri Jac	. 10/	מת גו	D //	-	
0	24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRE55	CALLED TO STATE OF		25a. REC'E	BY REGIS	TRAR 256	REGIS	TRAR S SIGNA	toke #	3	
10	Le Compte	Funeral Ser	vice,	Cambridge,	Md.		DATE ()	CT 5	'60	0	athur & +	Luna		

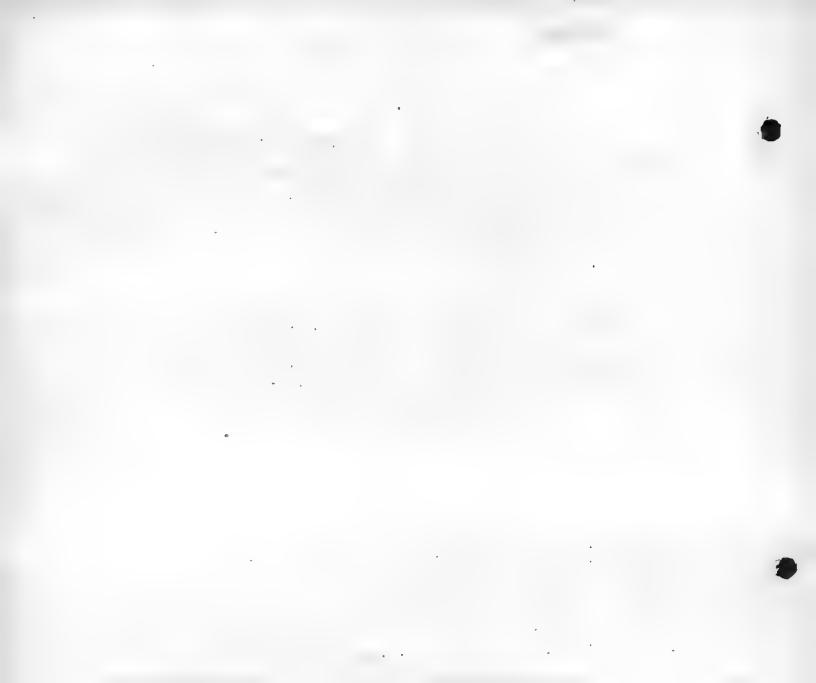


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm.ss . COUNTY b. COUNTY MARYLAND Maryland Somerset Dorchester b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) irector. write RURAL and give necrest town) days Cambridge Chance d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES NO X 3. NAME OF 4. DATE DECEASED OP (Type or print) DEATH Carrie Smallwood September 19 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday] WIDOWED [DIVORCED 10-19-9 SUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) hould be executed with the pencil in Item 18 to Office along with the burial-transit permit Eastern Shore State Hospital records 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause **DUE TO** (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY GETIFICATION PERFORMED? pinol 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY _ or CONTRIBUTING _ WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (State) factory, street, office bldg., etc.) Not While While Hour a.m. et work - et work -21. I certify that I took charge of the remains described above, held an Autopsy |]. Inspection | X Inquiry and in my opinion execute the certificated be forwarded death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr. Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) -60 <u>5</u>40 24b, REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I VS. A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



The law requires that the death certificate be executed within 24





death.

requires that the death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

1960

(State)

(State)



after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH 102 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10236

	CERTIFICATE OF DEATH										
o. COUNTROL	ester		MARYLANI	0	val residence (Whostale Maryland	ere decease	h COLINTY	on: Residence		nissian)	
b. CITY OR TOWN	(If outside corporate lim	its, write C. LE	5 Days	c.	CITY OR TOWN (IF a	utside corpo	prote limits, write R	URAL and g	ive nearest to	own)	
d. NAME OF HOSP OPHINSTITUTION	ge Marylar			/ d	STREET ADDRESS				10	RESIDENCI	
3. NAME OF DECEASED (Type or print)	Lorrie	rst	Middle Franci	ne	tost Tyler	4. DATE OF DEATH	Mon Sept		Day	Year 19 6	
5. SEX Female	6. COLOR OR RACE White	7- MARRIED WIDOWED	NEVER MARRIED		ch 13, 19	56	9. AGE (In years lost birthdoy)		1 YEAR IF UN Days Hou	1	
10a. USUAL OCCUPAT during most of wa Nor	ION (Give kind of work rking life, even if retired	1)	OF BUSINESS OR IN	DUSTRY 1	i. Birthplace (Stote Marvlane	_	country)	12. CITI2	US A	T COUNT	
13. FATHER'S NAME		-		14.	MOTHER'S MAIDEN	-					
F	Cennith Tyle	er			Lorra	ine La	awson				
	ER IN U. S. ARMED FOI (If yes, give way or dates of	RCES? 16. SOCIA		Kenr	and the same of th	Hone	Add				
18. CAUSE OF DE	ATH [Enter anly one co			h	ri	1			INTERVAL ONSET A		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	menung	6 8 V	rephot	-lag			2	done	
340 . Canditions, if	DUE TO) -)	Poneni	ng to plany	1				3 dens		
gave rise to cause (a), stating lying cause lost	the <u>under-</u> DUE TO									V	
PART II. O	THER SIGNIFICANT CON	NDITIONS CONTE	RIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. W/PEF YES	REORMED?	
20a. ACCIDENT W	YAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Ente	e nature of injury in	Part I or Pa	rt II of item 18.)				
20c. TIME OF INJU		While	OCCURRED 20e. Nat while at work	PLACE OF	INJURY (Home, form reet, office bldg., etc	.) 20f. (Cit	y or town)	(C	ounty)	(Ste	
	at (1) (this haspita					(AC), ta					
22o. SIGNATURE	13-1			M.D.	ATTENDING M	ED. RECTOR	STAFF		9-12	22b.DATE SIGN	
22c. PHYSIC(AN'S NAME (Type)	Wilbur N.	Baunann	1		2d. ADDRESS Cambrid	ge	Maryland				
230. BURIAL, CREMATI REMOVAL (Specify Burial	ON. 23b. DATE THERE		NAME OF CEMETER				TION (City, town,	or county) Marvl:		Stote)	
24. FUNERAL DIRECTO		and the state of t	ADDRESS	6-1141		D BY REGIS		STRAR'S SIG			
Le Compte	Funeral S	ervice	Cambridge	Mar	yland DATE SI	EP 2 2'	60 a	Chur S.	Kraus		

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in large 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Plages 1 and 2 the State Board at Health prior to burial, cremation, at removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

